

# Andrological Emergencies

## Common

- 1) Testicular torsion
- 2) Ischemic priapism
- 3) Fracture penis
- 4) Fournier's gangrene.
- 5) paraphimosis.

## Less Common

- 1) Pediatric :
  - Ambiguous genitalia
  - Micropenis
- 2) Acute prostatitis
- 3) Hemospermia
- 4) Testicular tumours.

## Fracture penis

Def: it's a traumatic rupture of Tunica Albuginea of the Corpus Caverosa. this rupture <sup>occurs</sup> ~~in~~ an erect stage while the tunica Albuginea is thinner than normal and ↑ intracorporeal pressure makes it more liable to fracture due to sudden trauma.

### Causes :-

- [1] vigorous Rard intercourse especially if the female is in supine position. in which the erect penis is thrust against the partner symphysis pubis or perineum. [most common]
- [2] Falling on the erect penis
- [3] Rolling over in bed.
- [4] In an attempts to correct a congenital chordee.
- [5] In an attempts to place an erect penis back into the pants.
- [6] vigorous hard Masturbation.



## Clinical picture of Fracture penis:

### Presentations:

#### History:

- [1] Cracking sound
- [2] minimal to severe sharp pain
- [3] Immediate detumescence
- [4] Deformity
- [5] urethral injury in 2% to 20%
- [6] Deviation contralateral to the lesion
- [7] Discoloration of penile skin.

### Signs:

- ▶ Swollen penis ▶ Ecchymosis ▶ Haematoma
- ▶ Egg plant deformity (Diagnostic)
- ▶ if there's urethral injury → blood is present in meatus
- ▶ if buck's fascia is intact → ecchymosis in penile shaft.
- ▶ if buck fascia is involved → blood, urine extravasates around Colles' fascia giving a characteristic "Butter Fly sign" over the perineum, scrotum.

### Investigations:

[1] Imaging: For confirming diagnosis and to exclude other diagnoses eg "ruptured dorsal vein or suspensory ligament injury."

[2] Cavernosography: 100% accuracy (diagnostic)

### D.D:

- \* penile vascular injury
- \* urethral injury
- \* Mondor's disease
- \* Rupture suspensory ligament.
- \* Lymphedema.



## Complications:

- \* Painful intercourse or ejaculation.
- \* Erectile dysfunction
- \* Penile deviation
- \* High flow priapism
- \* Lymphedema
- \* Psychiatric disturbance.
- \* Penile skin necrosis.

	<u>Lymphedema</u>	<u>penile fracture.</u>
pain	No unless there's cellulitis	Yes
History of trauma	No	Yes
Hematoma	No	Yes
onset of swelling	slow, progressive	Acute
underlying conditions	Common	No

## Treatment:

### Conservative:-

- ▶ Bed rest, Cold Compress for (24-48h), Anti-inflammatory
- ▶ Antibiotics, Antifibrinolytic (Streptokinase, trypsin)
- ▶ ~~Anti~~ Tamoxifen 20mg 1x2 (inhibits inflammatory, fibrotic response)
- ▶ Colchicine, vitamin E
- ▶ Intralesional Collagenase, Calcium blockers.

### Surgical:

- ▷ Evacuation of hematoma.
- ▷ Correction of Associated conditions.



# Penile Mondor's disease "PMD"

Def: it's a rare self limiting, Benign process with acute presentation of subcutaneous bands in several parts of the body with thrombophlebitis of the superficial dorsal vein of the penis.

## Causes:

### △ Traumatic:

- ▷ frequent sever, prolonged sexual intercourse.
- ▷ Direct trauma.
- ▷ Uses of VCD

### △ Infection:

- ▷ STDs
- ▷ Long standing Candida
- ▷ Distant infections

△ Surgical: - Repair of inguinal hernia.  
- Orchiopexy, Varicocelelectomy.

△ Tumours: Cancer in pelvic region.  
- Metastatic pancreatic cancer  
- Paraneoplastic syndrome

### △ Others: ▷ ICI

- ▷ drug Abuse (IV drugs)
- ▷ Behcet disease.
- ▷ Tendency to thrombosis, thrombophilia.

① Clinical features: the Disease is 3 stages.

#### ① Acute

#### ② Subacute - chronic

#### ③ Recanalization

- \* the pt is presented by palpable lesion as a thick cord occurring 24-48h after prolonged, sever intercourse or STDs
- \* the lesion is on the dorsum of the penis in all patients
- \* the thrombosed vessel is adherent to the penile skin covering it.
- \* the vessel may appear as swollen, erythematous.

D.D: Peyronie's disease  
Sclerosing Lymphangitis.

Treatment:

① Medical Rx

▷ Acute stage: stop sexual activity  
Anti Coagulant agents.

▷ Subacute - chronic: Creams containing Heparin  
and anti-inflammatory drugs.

② Surgical Rx:

▷ thrombectomy and resection of the superficial  
penile vein.



## Acute scrotal pain

### A Common Causes

① Testicular Torsion

② Testicular Appendages torsion:

- \* the Pydatid of morgangi is a common testicular appendage. embryologically it's derived from the mullerian duct.

- \* Torsion of the appendix testis is more common in children than testicular torsion ~~it's~~ dia

- \* it is diagnosed by "blue dot sign" [tender nodule with blue discoloration on the upper pole of the testis.

③ Epididymitis: more common in Adult men than torsion

- \* Rapidly progressive scrotal pain + swelling which radiate up the spermatic cord to the lower abdomen

- \* the overlying skin is erythematous.

- \* the inflammatory process may lead to reactive ~~2ry~~ hydrocele.

④ Testicular Trauma

⑤ Strangulated inguinal Hernia.

### B Less Common Causes

- \* testicular Cancer 5%

- \* Acute Appendicitis

- \* Familial mediterranean fever

- \* Vasculitis due to HSP

- \* Diverticulitis

- \* Hydrocele.

## Chronic Scrotal pain

- \* Idiopathic [25% of cases]

- \* Intermittent Testicular Torsion

- \* Post genito-urinary surgery

- \* Sperm granuloma (post vasectomy)

- \* Varicocele (important cause) \* rx

- \* Testicular Cancer is painless in 60% of cases.

- \* Genito-urinary infection (STDs)